



PTO/SB/22 (12-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1:136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 03394/100H557-US1																									
Application Number	09/851,494	Filed	May 8, 2001																								
For A GENE ENCODING A NEW TRP CHANNEL IS MUTATED IN MUCOLIPIDOSIS IV																											
Art Unit	1646	Examiner	J. D. Ulm																								
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.																											
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):																											
<table><thead><tr><th></th><th><u>Fee</u></th><th><u>Small Entity Fee</u></th><th></th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$60</td><td>\$ 60.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$450</td><td>\$225</td><td>\$</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1020</td><td>\$510</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1590</td><td>\$795</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2160</td><td>\$1080</td><td>\$</td></tr></tbody></table>					<u>Fee</u>	<u>Small Entity Fee</u>		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 60.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
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<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.																											
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.																											
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																											
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.																											
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-0100</u> . I have enclosed a duplicate copy of this sheet.																											
I am the <input type="checkbox"/> applicant/inventor.																											
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).																											
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>54,931</u>																											
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____																											
<u>Paul F. Fehlner</u> Signature		January 10, 2005 Date																									
Paul F. Fehlner, Ph.D. Reg. No. 35,135 Typed or printed name		(212) 527-7700 Telephone Number																									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																											

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